

Reporting

Suspected Fraudulent
Insurance Claims

**California Department of Insurance
Fraud Division**



- ρ **Requirements**
- ρ **Instructions**

August 2003

**California Department of Insurance
CRIMINAL INVESTIGATIONS BRANCH
FRAUD DIVISION**

9342 Tech Center Drive, Suite 100
Sacramento, CA 95826

PHONE (916) 854-5760
FAX (916) 255-3308

REGIONAL OFFICES

Commerce

5999 E. Slauson Avenue
City of Commerce, CA 90040
(323) 278-5000

Fresno

4969 E. McKinley Avenue, Suite 204
Fresno, CA 93727
(559) 445-5026

Benicia

1100 Rose Drive, Suite 100
Benicia, CA 94510
(707) 751-2000

Orange

333 S. Anita Drive, Suite 450
Orange, CA 92868
(714) 456-1810

Rancho Cucamonga

9674 Archibald Avenue, Suite 100
Rancho Cucamonga, CA 91730
(909) 919-2200

San Diego

1495 Pacific Highway, Suite 300
San Diego, CA 92101
(619) 645-2550

Valencia

27200 Tourney Road, Suite 375
Valencia, CA 91355
(661) 253-7400

San Jose

18425 Technology Drive
Morgan Hill, CA 95037
(408) 779-7200

Sacramento

9342 Tech Center Drive, Suite 500
Sacramento, CA 95826
(916) 854-5700

Mission

The mission
of the California Department of Insurance
Fraud Division
is to protect the public
from economic loss and distress
by actively investigating and arresting
those who commit insurance fraud
and to reduce
the overall incidence of insurance fraud
through anti-fraud outreach
to the public, private and governmental sectors.

Every person
who reports suspected fraudulent insurance claims
to the Fraud Division
further this mission.



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Reporting Requirements

Who Must Report	Anyone may report suspected fraudulent insurance claims and premium fraud to the California Department of Insurance (CDI) Fraud Division. All licensed insurers doing business in California and all self-insured employers (for Workers' Compensation cases only) that suspect fraudulent claim activity must report it. A self-insured's third-party administrator (TPA) or other contractor shall submit FD-1 referral forms on the self-insured's behalf. Refer to Appendix A. (see page 13) for detailed requirements and authority cites.
What Fraud Must Be Reported	Any suspected fraudulent insurance claim activity victimizing or involving any California insured, insurer, employee and permissibly self-insured shall be reported, regardless of the location where the fraud was allegedly committed.
What Information Is Required	The Form FD-1 Suspected Fraudulent Claim (SFC) Referral Form (see pages 6-8 for a sample completed form) requests information about the loss/injury, alleged victim, suspicious fraudulent activity, and names and identifying information of the parties involved. In addition, reporting parties who have made investigative efforts are encouraged to attach additional documentation to the referral.
When Must a Report Be Made	<p>Workers' Compensation - 30 days after insurer knows or reasonably believes a fraudulent act was committed (CIC 1877.3 (b)(1) and 1877.3 (d)). Furnished to CDI and District Attorney.</p> <p>All others – 60 days after insurer determines claim appears fraudulent (1872.4 (a)). Furnished to CDI.</p> <p><u>If you have documented results of an investigation that confirm your suspicions of fraud, please immediately contact your Fraud Division Regional Office</u> in person or by phone to discuss it (see the inside cover and the following page for contact and address information).</p>
Immunity from Civil Liability	The California Insurance Code (CIC) contains provisions affording limited immunity from civil liability for insurers and their authorized agents who provide information to the CDI Fraud Division. These provisions do vary. Please reference the language to the applicable provision (CIC Sections §1872.5, 1873.2, 1877.5, 1874.4, 1875.4, 1875.18 and 1876.4).
Where to Obtain Additional FD-1 Forms	You may reproduce the 4-page Form FD-1 (see Appendix D., page 19, for a camera-ready version). For additional copies of this booklet, call (916) 854-5760 or write to the address below. The Form FD-1 may also be accessed on the Departments web site, www.insurance.ca.gov .
Where to Submit Completed Referral Forms	Completed Form FD-1s should be mailed to the following address: <p style="text-align: center;">CDI Fraud Division Intake Unit P.O. Box 277320 Sacramento CA 95827-7320</p>

How CDI Uses This Information	<p>FD-1 referrals submitted by insurers, law enforcement agencies, the public and others provide the foundation for the CDI Fraud Division's anti-fraud program. <u>The value of accurate, timely and complete referrals cannot be overstated.</u> Unreported incidents and incomplete and/or inaccurate information on FD-1s impedes CDI's ability to gather and report intelligence information; match parties to previous fraudulent activity; and effectively evaluate whether to further investigate the circumstances.</p> <p>On receipt, the Centralized Intake Unit immediately reviews referrals for accuracy and completeness. Within 12 business days, data from incoming FD-1s are entered into the Fraud Division's Insurance Fraud Information System (IFIS) and the referrals are directed to the appropriate CDI Fraud Division regional office. Investigative staff conduct preliminary intelligence gathering, evaluate the FD-1 information, make a decision about whether to initiate a formal investigation, and notify the reporting party about the action CDI will take.</p>																				
Getting Help	<p>If you have questions about reporting requirements or need help completing an FD-1 referral form, please contact the CDI Fraud Division regional office which serves your county.</p> <table border="1" data-bbox="410 825 1391 1612"> <thead> <tr> <th data-bbox="410 825 922 850">If your California county is—</th><th data-bbox="930 825 1391 850">Your Regional Office is—</th></tr> </thead> <tbody> <tr> <td data-bbox="410 877 922 997">Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba</td><td data-bbox="930 877 1391 903">Sacramento (916) 854-5700</td></tr> <tr> <td data-bbox="410 1045 922 1119">Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma</td><td data-bbox="930 1045 1391 1071">Benicia (707) 751-2000</td></tr> <tr> <td data-bbox="410 1167 922 1192">Monterey, San Benito, Santa Clara, Santa Cruz</td><td data-bbox="930 1167 1391 1192">Morgan Hill (408) 779-7200</td></tr> <tr> <td data-bbox="410 1241 922 1289">Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare</td><td data-bbox="930 1241 1391 1266">Fresno (559) 445-5026</td></tr> <tr> <td data-bbox="410 1337 922 1386">Southern Los Angeles and the City of Los Angeles Metropolitan Area</td><td data-bbox="930 1337 1391 1362">Commerce (323) 278-5000</td></tr> <tr> <td data-bbox="410 1413 922 1461">Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura</td><td data-bbox="930 1413 1391 1438">Valencia (661) 253-7400</td></tr> <tr> <td data-bbox="410 1488 922 1514">Orange</td><td data-bbox="930 1488 1391 1514">Orange (714) 456-1810</td></tr> <tr> <td data-bbox="410 1541 922 1566">Riverside, San Bernardino</td><td data-bbox="930 1541 1391 1566">Rancho Cucamonga (909) 919-2200</td></tr> <tr> <td data-bbox="410 1593 922 1619">Imperial, San Diego</td><td data-bbox="930 1593 1391 1619">San Diego (619) 645-2550</td></tr> </tbody> </table> <p>If you are calling from another state or country and are unsure which Regional Office to contact, please call our Fraud Division headquarters in Sacramento at (916) 854-5760.</p>	If your California county is—	Your Regional Office is—	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba	Sacramento (916) 854-5700	Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma	Benicia (707) 751-2000	Monterey, San Benito, Santa Clara, Santa Cruz	Morgan Hill (408) 779-7200	Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare	Fresno (559) 445-5026	Southern Los Angeles and the City of Los Angeles Metropolitan Area	Commerce (323) 278-5000	Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura	Valencia (661) 253-7400	Orange	Orange (714) 456-1810	Riverside, San Bernardino	Rancho Cucamonga (909) 919-2200	Imperial, San Diego	San Diego (619) 645-2550
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Sample of Completed Form FD-1 (Page 1)**California Department of Insurance****Fraud Division****Suspected Fraudulent Claim (SFC)
Referral Form (FD-1)****CDI USE ONLY**

Case # _____ County Code _____ SFC # _____

☐ AUTOMOBILE ☐ WORKERS' COMPENSATION ☐ SPECIAL OPS
☐ URBAN AUTO FRAUD PROGRAM ☐ OTHER

REPORTING REQUIREMENTS: Please print legibly or type. California Insurance Code (CIC) § 1872.4 requires companies licensed to write insurance in California to submit this form **WITHIN 60 DAYS** after determining that a claim appears to be fraudulent. CIC § 1877.3 further requires reporting of suspected fraudulent Workers' Compensation claims to **BOTH** the CDI Fraud Division and the local District Attorney's Office **WITHIN 30 DAYS**.

SECTION I. REPORTING PARTY INFORMATION CODE

FRAUD TYPE CODE: 14 REPORTING PARTY CODE: 04 CHECK ONE: ☒ NEW REFERRAL ☐ AMENDED REFERRAL

REPORTING PARTY: Rest Assured Services Certificate of Authority (CA) # 11122 Self-Insured/TPA# _____

ADDRESS: 123 Assured Street, Suite 100 CITY: Anycity STATE: CA ZIP: 11111

E-MAIL ADDRESS (IF APPLICABLE): _____

SECTION II. LOSS/INJURY INFORMATION

ALLEGED VICTIM: C&W Trucking Company Certificate of Authority (CA) # 5-2222-13-000 Self-Insured/TPA# _____

ADDRESS: 456 Safe Street, Suite 101 CITY: Anycity STATE: CA ZIP: 22222

CLAIM #: AB1234567 POLICY #: X9876543 DATE OF LOSS/INJURY: 10 / 01 / 99

LOCATION WHERE LOSS/INJURY OCCURRED:
 ADDRESS: 123 Assured Street, Suite 100 CITY: Anycity STATE: CA ZIP: 11111

PREMIUM LOSS: _____ POTENTIAL LOSS: 47000 ACTUAL PAID TO DATE: 8500 SUSPECTED FRAUDULENT LOSS TO DATE: _____

SECTION III. SUSPECTED FRAUDULENT CLAIM ACTIVITY

SYNOPSIS: State the facts (who, what, when, where, how, why) that support your suspicion of fraudulent claim activity including any material misrepresentation(s). Provide details regarding any prior history of fraudulent insurance claim activity by any of the parties. If known, include relevant claim numbers. Attach additional summary sheets if needed.

Mike & Susie Smith alleged accident at First and Main Streets in Everywhere California on October 1, 1999. They deny involvement in previous accidents, but index links them to five others at the same intersection. Treating chiropractor, Noel Jones, is refusing to provide treatment records.

History on index shows five other claims for other carriers and two potential aliases for suspect driver (copies attached).

You may include attachments documenting the suspected fraudulent activity. If a complete copy of the claim file has been submitted to the District Attorney's Office, please attach a complete copy to this Form FD-1. Otherwise, a complete copy of your claim file is not required.

DISASTER CLAIMS: If this suspicious activity is related to a major natural or non-natural disaster, check the box below that best describes the related event:

☐ EARTHQUAKE ☐ FLOOD ☐ FIRESTORM ☐ WIND ☐ OTHER NATURAL ☐ NON-NATURAL (MAN-MADE)

SECTION IV. REPORTS TO OTHER AGENCIES

☐ OTHER LAW ENFORCEMENT AGENCY (specify name): _____

☐ DISTRICT ATTORNEY'S OFFICE (specify name): _____

☐ NICB ☐ OTHER: _____

SECTION V. CONTACT INFORMATION

CONTACT (name/title): Able Seer PHONE: (111) 222-3333 DATE FORM COMPLETED: _____

FILE HANDLER (if different): Hal Helpful PHONE: (444) 555-6666 _____

COMPLETED BY (if different): _____ PHONE: () 10 / 09 / 99

Mail completed forms to: CDI Fraud Division Intake Unit, P.O. Box 277320, Sacramento CA 95827-7320

Sample of Completed Form FD-1 (Page 2)**California Department of Insurance****Fraud Division****Suspected Fraudulent Claim (SFC)
Referral Form (FD-1)****CDI USE ONLY**

Case # _____ County Code _____ SFC # _____
☐ AUTOMOBILE ☐ WORKERS' COMPENSATION ☐ SPECIAL OPS
☐ URBAN AUTO FRAUD PROGRAM ☐ OTHER

Parties to the Loss/Injury

Claim #: AB1234567 Policy #: X9876543 Date of Loss/Injury: 10 / 01 / 99

SECTION VI. INSURED/EMPLOYER INFORMATION (Party A)

PARTY A. ☒ INSURED ☐ EMPLOYER (CHECK ONE/If Workers' Compensation, must show employer here.)
 Name: C & W Trucking Company Phone #: (222) 222-2222
 Address: 456 Safe Street, Suite 101 City: Anycity State: CA Zip: 22222
 DOB/Age: _____ SSN: _____ Tax ID #: _____
 DL #: _____ State: _____ License Plate #: CNWT1 State: CA VIN #: _____
 DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No

SECTION VII. OTHER PARTIES TO THE LOSS/INJURY (Additional Parties)

PARTY B. 30 (Enter party code in box)
 Name: Smith, Mike Phone #: (555) 555-5555
 Address: 2000 Repeater Street City: Overland State: CA Zip: 55555
 DOB/Age: June 30, 1966 SSN: 555-55-5555 Tax ID #: _____
 DL #: B5555555 State: CA License Plate #: GOTU5 State: CA VIN #: _____
 DBAs/Multiple Numbers/AKA's: Mike Green, Mike Johnson Party Claiming Injury: ☒ Yes ☐ No

PARTY C. 32 (Enter party code in box)
 Name: Smith, Susie Phone #: (666) 666-6666
 Address: 2000 Repeater Street City: Overland State: CA Zip: 55555
 DOB/Age: July 18, 1968 SSN: 666-66-6666 Tax ID #: _____
 DL #: C6666666 State: CA License Plate #: _____ State: _____ VIN #: _____
 DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No

PARTY D. 06 (Enter party code in box)
 Name: Jonee, Noel Phone #: (777) 777-7777
 Address: 15 Gangland Way City: Overland State: CA Zip: 77777
 DOB/Age: July 18, 1968 SSN: 777-77-7777 Tax ID #: _____
 DL #: A7777777 State: CA License Plate #: _____ State: _____ VIN #: _____
 DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No

Sample of Completed Form FD-1 (Page 3)

California Department of Insurance

Fraud Division

**Suspected Fraudulent Claim (SFC)
Referral Form (FD-1)****CDI USE ONLY**

Case # _____ County Code _____ SFC # _____

☐ AUTOMOBILE ☐ WORKERS' COMPENSATION ☐ SPECIAL OPS
☐ URBAN AUTO FRAUD PROGRAM ☐ OTHER

Parties to the Loss/Injury (continued)

Claim #: _____ AB 1234567 Policy #: _____ X9876543 Date of Loss/Injury: _____ 10 / 01 / 99

SECTION VII. OTHER PARTIES TO THE LOSS/INJURY (Additional Parties)**PARTY** E . ☐ 02 (Enter party code in box)

Name: _____ Sanford, Fred Phone #: _____ ()

Address: _____ City: _____ State: _____ Zip: _____

DOB/Age: _____ 6/20/66 SSN: _____ 888-88-8888 Tax ID #: _____

DL #: _____ State: _____ License Plate #: _____ State: _____ VIN #: _____

DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No**PARTY** F . ☐ 31 (Enter party code in box)

Name: _____ Innocent, Truly Phone #: _____ (444) 444-4444

Address: _____ 2 Runover Lane City: _____ Hitagin State: _____ CA Zip: _____ 44444

DOB/Age: _____ February 20, 1959 SSN: _____ 444-44-4444 Tax ID #: _____

DL #: _____ A4444444 State: _____ CA License Plate #: _____ HITME2 State: _____ CA VIN #: _____

DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No**PARTY** . ☐ (Enter party code in box)

Name: _____ Phone #: _____ ()

Address: _____ City: _____ State: _____ Zip: _____

DOB/Age: _____ SSN: _____ Tax ID #: _____

DL #: _____ State: _____ License Plate #: _____ State: _____ VIN #: _____

DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No**PARTY** . ☐ (Enter party code in box)

Name: _____ Phone #: _____ ()

Address: _____ City: _____ State: _____ Zip: _____

DOB/Age: _____ SSN: _____ Tax ID #: _____

DL #: _____ State: _____ License Plate #: _____ State: _____ VIN #: _____

DBAs/Multiple Numbers/AKA's: _____ Party Claiming Injury: ☐ Yes ☐ No

If you need to report more parties to the loss, please complete and attach additional copies of this page as needed.

Instructions for Completing Form FD-1: Suspected Fraudulent Claim Referral

SECTION I. Reporting Party Information

Using The FD-1 Form Via Computer	This form was created in Microsoft Word 97. It is recommended that you use the "Tab" key to navigate between fields and not the "Enter" key when using the FD-1 form on your computer.
Fraud Type Code	Enter the most appropriate Suspected Fraud Type code. For a list of codes, refer to Appendix B. Code Listing (see page 14-15). If you are unsure which code to use, refer to Appendix C. Code Definitions (see pages 16-18).
Reporting Party Code	Enter the most appropriate Reporting Party code. For a list of codes, refer to Appendix B. Code Listing (see page 16-18). If you are a third-party administrator (TPA) or other contractor, select, from codes 1, 2, 3, or 4, the code that best describes the nature of the insurer for which you are working.
New Referral/ Amended Referral Check One:	Check the "New Referral" box if this is the first referral you have made for this incident of suspected fraud. Check the "Amended Referral" box if you have previously reported this incident and are adding, deleting or correcting information you previously provided.
Reporting Party	To ensure proper identification, enter the full and complete name of the reporting carrier, self-insured, TPA, law enforcement agency, or other entity/individual making the referral. When entering a name, enter this information in the format of last name, first name and middle initial. To ensure proper identification, <u>do not</u> use acronyms or initials unless they are part of the formal name.
Cert. Of Authority (CA) #	If you are an insurer authorized to transact business in California, enter your CDI-assigned Certificate of Authority (CA) number.
Self-Insured #/ TPA#	If you are self-insured, enter one of the following: self-insured number assigned by either the California Department of Industrial Relations or California Department of Motor Vehicles, or TPA number assigned by the California Department of Industrial Relations.
Address/City/ State/ZIP/E-mail	Enter your mailing address and e-mail address (if applicable).

SECTION II. Loss/Injury Information

Alleged Victim	Enter the name of the insurance carrier or self-insured that you suspect is being victimized. In the case of an employer defrauding an employee (Suspected Fraud Type Code 51), enter the name of the employee whom you suspect is being victimized. Enter this information in the format of last name, first name and middle initial. To ensure proper identification, <u>do not</u> use acronyms or initials unless they are part of the formal name.
Cert. Of Authority (CA) #	If the alleged victim is an insurer licensed to transact business in California, enter the CDI-assigned CA number.
Self-Insured #/ TPA#	If the "Alleged Victim" is self-insured, enter one of the following: self-insured number assigned by either the California Department of Industrial Relations or California Department of Motor Vehicles, or TPA number assigned by the California Department of Industrial Relations.

Claim Number	Enter the claim number issued by the insurer. For amended referrals, be sure to include the identical claim number as originally reported on the initial referral.
Policy Number	Enter the policy number issued by the insurer. For amended referrals, be sure to include the identical policy number as originally reported on the initial referral.
Premium Dollar Loss	For premium fraud cases only (Suspected Fraud Type Code 56), enter the potential loss in total premium dollars if the fraud had gone undiscovered. Otherwise, leave blank.
Location Of Loss/ Injury	Indicate the name of the city, state and zip code where the loss or injury is alleged to have occurred. If the specific address is not known, please note such details as the intersection, mall name, or other location identifying information. NOTE: The accuracy of this information is critical, as it will determine which CDI Fraud Division regional office is assigned to handle the case.
Date of Loss/ Injury	Enter the reported date of loss or injury. If more than one date has been reported for the loss or injury, enter the earliest alleged date.
Potential Loss	Enter the potential dollar loss/exposure for this claim if the fraud had gone undiscovered.
Actual Paid to Date	Enter the total dollar amount paid on the claim as of the referral date. Include amounts you suspect to be fraudulent as well as those that may be legitimate. For premium fraud cases (Suspected Fraud Type Code 56), leave this field blank.
Suspected Fraudulent Loss To Date	Of the amount you reported on the "Actual Paid to Date" line, enter the dollar amount you suspect to be fraudulent.

SECTION III. Suspected Fraudulent Claim Activity

Synopsis	<p>State the <u>facts</u> that support your suspicion(s) of fraudulent insurance claim or premium fraud activity. Detail the material misrepresentation(s) made by the parties. Be specific and concise. Include information addressing the basic questions: who, what, when, where, why, how much and how often. Attach additional summary sheets if needed to complete the synopsis.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Suspected Fraud Type Code 14 (Auto Collision/Right-of-Way): Accident appears staged. Suspect driver and passenger deny involvement in any previous accidents, but Index links them to 5 others including an earlier incident (7/23/98) at this same location. Treating chiropractor is refusing to provide medical records. • Suspected Fraud Type Code 50 (Workers' Compensation/Claimant Fraud): Doctor reports claimant malingering. Claimant maintains he cannot walk. Sub Rosa video on day of medical appointment shows claimant faking inability to walk; on video, claimant runs and walks normally. • Suspected Fraud Type Code 56 (Workers' Compensation/Premium Fraud): Suspect misclassification of workers' hourly rates to avoid premium costs. <p><u>In all cases, provide any known details, of each party's history of involvement in fraudulent insurance claims.</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • Insured has reported four other claims in last two years including: XYZ Company, Claim #122321/ABC Insurer, loss dates 7/23/98, 9/19/97 and 8/24/98. • Index shows 5 hits on similar names, three of which are for the same address as the insured (copies attached). • NICB shows several previous claims involving the suspect driver and passenger.
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Disaster-Related Activity	Check the "yes" box only if suspected fraudulent claim activity is related to a major disaster, i.e., a disaster that has produced a gubernatorial or presidential declaration of emergency. Indicate the type of disaster to which the activity is related: natural (earthquake, flood, firestorm, wind or other natural disaster) or non-natural (civil unrest, chemical spills, airborne contamination, etc.).
Attachments	Attach any documentation you have of investigative efforts you have completed. If you are submitting a complete copy of the claim file to the District Attorney, reciprocate by including a complete copy with this referral to CDI.

SECTION IV. Reports to Other Agencies

Other Law Enforcement Agency	Check this box if you have reported this suspected fraudulent claim to any other law enforcement agency and enter the specific name of the agency to which this suspected fraudulent claim was referred.
District Attorney's Office	Check this box if you have reported this suspected fraudulent claim to any District Attorney's Office (required for workers' compensation claims under CIC 1877.3(b)(1)), and enter the name of the county served by the District Attorney's office to which the claim was referred.
NICB	Check this box if you have reported this suspected fraudulent claim to the National Insurance Crime Bureau (NICB).
Other	Check this box if you have reported this suspected fraudulent claim to any other agency and enter the specific name of the agency to which the claim was referred.

SECTION V. Contact Information

Contact	Enter the name, title and telephone number of the person who should be contacted by a CDI investigator(s) needing additional information relative to the claim.
File Handler	If different from the contact person listed previously, enter the name and phone number of the file handler (the adjuster/claims representative assigned to the claim who can provide requested information and documentation).
Completed By	Enter the name and phone number of the person completing the Form FD-1, if different from both the contact person and file handler. Enter this information in the format of last name, first name and middle initial.
Date Form Completed	Indicate the date form was completed.

SECTION VI. Insured/Employer Information (Party A)

Claim/Policy Number	Enter the claim and policy numbers you reported on the first page of the FD-1. If you are submitting an amended referral, these numbers should be identical to those originally reported on the initial referral.
Date of Loss/Injury	Enter the date of loss/injury you reported on page 1 of the FD-1.
Insured/Employer Check Box	<u>The employer must be listed in the Party A section for any Workers' Compensation fraudulent claim referral.</u> If you are reporting a suspicious workers' compensation claim, check the employer box. Otherwise, check whichever box is appropriate.
Name	<u>The employer must be listed in the Party A section for any Workers' Compensation fraudulent claim referral.</u> If you are reporting a suspicious workers' compensation claim, enter the name of the employer. Otherwise, enter the appropriate name.

Party Claiming Injury	Check the “yes” box if Party A is claiming to be injured or believed to have died as a result of the situation being reported. Otherwise, check the “no” box. When an injury/death is being claimed, check the “yes” box regardless of whether you believe the injury/death to be real.
Additional Instructions	Include all of the requested information if you know it. When providing AKAs, include all nicknames, monikers, maiden names and other aliases. On the “DBAs/Multiple#s/AKAs” line, provide any company name(s) under which Party A is “doing business as” (DBA) as well as additional nicknames, monikers, maiden names and/or other aliases, dates of birth, social security or other numbers Party A may be using, e.g., DBA XYZ and Company; SSN 444-44-4444; DL A0123456.

SECTION VII. Other Parties to the Loss/Injury (Additional Parties) Page 2-3

Instructions	Make a separate entry for every other party to the loss/injury. <u>Be sure to enter the appropriate Party Code in the box</u> (for a list of party codes, refer to the Appendix B. Code Listing, pages 12-13). As you did for Party A, enter all other requested information known about the party, including whether or not he/she claims to be injured. On the “DBAs/Multiple#s/AKAs” line, provide any company name(s) under which Party is “doing business as” (DBA) as well as additional nicknames, monikers, maiden names and/or aliases, dates of birth, social security or other numbers Party A may be using, e.g., DBA XYZ and Company; SSN 444-44-4444; DL A0123456.
Claim/Policy Number	Enter the claim and policy numbers you reported on the first page of the FD-1. If you are submitting an amended referral, these numbers should be identical to those originally reported on the initial referral.
Date of Loss/Injury	Enter the date of loss/injury you reported on page 1 of the FD-1.
Page 3 Parties to the Loss Continued	You may copy this page as needed to report additional parties to the loss/injury.

APPENDIX A. Reporting Requirements & Authorities

If your agency is:	You are required to submit:	Within the following time frame	Authority
<ul style="list-style-type: none"> A company licensed to write insurance in California 	A separate FD-1 Referral Form for every suspected fraudulent claim	<ul style="list-style-type: none"> For workers' compensation claims, within 30 days of knowing or reasonably believing a claim to be fraudulent For any other type of suspected fraudulent claim, within 60 days of determining that a claim appears to be fraudulent 	CIC §1872.4(a) CIC §1877.3(d)
<ul style="list-style-type: none"> An insurer admitted to transact workers' compensation insurance in California The State Compensation Insurance Fund An employer that has secured a certificate of consent to self-insure pursuant to Section 3700 (b) or (c) of the Labor Code A third-party administrator that has secured a certificate pursuant to Section 3702.1 of the Labor Code 	A separate FD-1 Referral Form for each suspected fraudulent Workers' Compensation claim	Within 30 days of knowing or reasonably believing a person or entity has committed a fraudulent act relating to a workers' compensation claim	CIC §1877.1(c) CIC §1877.3(b) CIC §1877.3(c) CIC §1877.3(d)
<ul style="list-style-type: none"> Any California police, sheriff, disciplinary body governed by the provisions of the Business and Professions Code, or any California law enforcement agency 	All papers, documents, reports, complaints, or other facts or evidence CDI requests.	None specified in law	CIC §1872.4(d)
	<ul style="list-style-type: none"> This is a reciprocal arrangement; CDI is required by law to furnish the same information when requested by any police, sheriff or other law enforcement agency CDI encourages these agencies to submit FD-1 Referral forms for all cases involving suspected insurance fraud CDI further encourages these agencies to call the appropriate regional office to request deployment of CDI investigators to the scene of any suspected staged automobile accident 		
<ul style="list-style-type: none"> California Departments of Highway Patrol, Motor Vehicles, and Justice Any California city or county law enforcement agency Any California city or county agency employing peace officers as designated in Penal Code Sections 830.1 (a) and (b); 830.2 (a); and 830.3 (b), (d), (k) Any other California law enforcement agency Any licensing agency governed by the Business and Professions Code 	Any or all information released to or received from an insurer or authorized agent of an insurer relating to any specific insurance fraud, except for motor vehicle fraud and workers' compensation fraud must also be submitted to CDI	Within 10 days of receipt of the information from the insurer or agent	CIC §1873.4

APPENDIX B. Code Listing

- This listing contains codes for the three fields on the Form FD-1 that require them: Suspected Fraud Type, Reporting Party, and Party to the Loss.
- Detailed definitions for Suspected Fraud Type is included in Appendix C. (refer to pages 14-16). Code names assigned to the other two fields are self-explanatory.
- Establishing new codes for this revision of the Form FD-1, while maintaining the historical integrity of CDI's database, required leaving the majority of the original codes and their meanings intact. You will also notice that "other" codes, which are found at the end of a list, are numerically out of sequence. We apologize for any inconvenience this may cause.

APPENDIX B. Code Listing

Suspected Fraud Type Code		Party To The Loss / Injury Code	
Auto Collision		General	
Swoop & Squat	10	Insured	00
Sudden Stop	11	Claimant	01
Backing	12	Witness	02
Pedestrian vs. Auto	13	Interpreter	13
Right of Way	14	Employer	15
Phantom Vehicle	15	Claims Adjuster	16
Hit & Run	16	Agent / Broker	20
Paper Collision	17	Other	09
Organized Ring	18		
Medical Provider	19		
Auto Property		Medical	
Faked Damages	20	Medical Clinic	03
Inflated Damages	21	Medical Doctor	05
Vehicle Theft	22	Chiropractor	06
Vehicle Arson	23	Psychologist	11
Auto Property / Vandalism	24	Physical Therapist	12
Agent / Broker	25	Osteopath	17
Embezzlement	26	Physician's Assistant	18
Trailered Watercraft / Theft	27	Nurse Practitioner	19
Damage		Clinic Administrator	22
Trailered Watercraft Arson	28	Dentist	23
Other Auto Property	29	Medical Management	24
		Company	
		Vocational Rehab Counselor	25
		Pharmacy / Pharmacist	26
		Laboratory	27
		Other Medical	28
Medical / Health		Legal	
Slip & Fall	30	Attorney	07
Inflated Billing	32	Law Firm	10
Disability	33	Legal Administrator	14
Food Contamination	34	Paralegal	26
Pharmacy	35		
Dental	36		
Embezzlement	37		
Other Medical / Health	31		
Life		Auto	
Questionable Death	40	Suspect Driver	30
Suspicious/False Policy	42	Victim Driver	31
Application		Suspect Passenger	32
Other Life	41	Suspect Pedestrian	33
		Body Shop	08
		Repair Shop / Mechanic	34
		Capper	21
Workers' Compensation			
Claimant Fraud	50		
Employer Defrauding	51		
Employee			
Legal Provider	52		
Medical Provider	53		
Continued in next column			
Workers' Compensation (con't)		Reporting Party Code	
Pharmacy	54	Carrier / Licensed Insurer	01
Premium Fraud	56	Private Sector Self-Insured	02
Embezzlement	57	Public Sector Self-Insured	03
Uninsured Employer	58	Third Party Administrator	04
Other Workers' Comp	55	State Fund (SCIF)	05
		District Attorney's Office	06
		Law Enforcement Agency	07
		Incoming CDI Hotline Call	08
		(CDI Use Only)	
		Other CDI Information Source	09
		(CDI Use Only)	
		Other Reporting Party	10

APPENDIX C. Suspected Fraud Type Code Definitions

Auto Collision

A staged auto collision is defined as a planned incident designed to fraudulently obtain monies from an insurance entity. A planned incident may take on various forms:

- 10 “Swoop” vehicle swerves in front of “squat” vehicle causing “squat” vehicle to slam on its brakes, which causes a rear-end collision with the victims vehicle.
- 11 “Squat” vehicle slows down to close gap between his vehicle and victim’s vehicle, then brakes suddenly causing a rear-end collision with victim.
- 12 Victim’s vehicle collides with suspect’s vehicle while backing out of a driveway or while backing out of a parking space in a parking lot.
- 13 Pedestrian versus auto.
- 14 Suspect driver appears to give right-of-way to victim driver, usually in an intersection, causing vehicles to collide; suspect later claims no right-of-way was offered.
- 15 Solo vehicle crashes due to vehicle of unknown origin/description.
- 16 “Hit and run” vehicle strikes victim’s car and leaves scene of the accident.
- 17 Parties conspire to create illusion of legitimate accident, using either pre-damaged vehicles or by intentionally and covertly inflicting damage on the suspect’s vehicle(s). Generally, law enforcement is not called to the scene of the accident.
- 18 Collision orchestrated by organized criminal activity involving attorneys, doctors, other medical professionals, office administrators and/or cappers.
- 19 Medical provider inflates billing, knowingly submits bills with improper medical codes, misrepresents facts.

Auto Property

- 20 Damages to vehicle exaggerated, non-existent, pre-existing, or vehicle damaged at a later point in time.
- 21 Damages inflated or exaggerated, non-existent or pre-existing; excessive billing of vehicle body parts or repair work.
- 22 Vehicle or motor home theft.
- 23 Vehicle or motor home arson.
- 24 Vehicle or motor home vandalism including such items as car rims, stereo equipment, and engine parts.
- 25 Policy backdated prior to loss date and/or theft of premium dollars intended for payment of coverage.
- 26 Embezzlement of funds.
- 27 Watercraft stolen or damaged while being transported on trailer.
- 28 Arson of a watercraft while transported on trailer.
- 29 Any other auto-related circumstance not listed above involving the presentation of false documents as proof of insurance.

Medical/Health

- 30 Suspicious slip/fall claim.
- 31 Non-auto injury reported by insured and/or claimant; medical assistance was reported.
- 32 Inflated billing by any medical facility, doctor, chiropractor, laboratory, etc.
- 33 Disability claim submitted against disability insurance policy while claimant on permanent or temporary disability and receiving continual benefits and/or vocational benefits and/or claimant reported working or performing activities exceeding alleged physical limitations.
- 34 Foreign object found within food/drink products.
- 35 Pharmacist or pharmacy inflates bills or falsifies billing; person illegally obtains medical prescriptions and submits prescriptions for habitual need.
- 36 Dentist or dental office inflates bills or falsifies billing codes.
- 37 Embezzlement of funds.

Life

- 40 Questionable circumstances surrounding reported death; staged death/false identity.
- 41 Other life insurance claim-related fraud not described by other Life category code.
- 42 Suspicious or questionable actions by applicant or policyholder (insured's health misrepresented on application; suspicious timing of application in relation to insured's death); potential for monetary gain from life insurance policy. Include suspicious claims involving murder for profit and claims pertaining to viatical settlements.

Workers' Compensation

- 50 Suspicious employee applicant claim.
- 51 Employer committing illegal act against employee(s).
- 52 Legal provider inflates billing or materially misrepresents the facts.
- 53 Medical provider inflates billing, knowingly submits bills with improper medical codes, misrepresents facts.
- 54 Pharmacy inflates bills or falsifies codes.
- 55 Any situation dealing with a Workers' Compensation claim that is not described by any other Workers' Compensation category code.
- 56 Facts are misrepresented in order to obtain Workers' Compensation insurance at a reduced premium, rate or cost.
- 57 Embezzlement of funds.
- 58 Uninsured Employers.

Other

- 60 Casualty, injury or theft that does not pertain to other fraud code definitions.
- 61 Suspicious loss or damage incurred to agricultural products and/or livestock not caused by acts of nature.

Fire

- 70 Suspicious commercial/business fire damage.
- 71 Suspected arson for hire.
- 72 Suspicious residential fire damage.
- 73 Inflated claims from fire loss.

Property

- 80 Suspicious residential theft.
- 81 Suspicious commercial business theft.
- 82 Insured reports baggage/cargo lost by commercial carrier (airline, bus, train, vessel).
- 83 Theft or damage to watercraft/aircraft while not on a trailer.
- 84 Arson of watercraft/aircraft while not on a trailer.
- 85 Property damage not included in other definitions.
- 86 Vandalism or malicious mischief to the interior or exterior of business or residence.
- 87 Suspicious theft of personal property while stored in a vehicle or motor home (commonly claimed under a homeowner's insurance policy).
- 88 Policy backdated prior to loss date and/or theft of premium dollars intended for payment of coverage.
- 89 Mold related.

APPENDIX D. Form FD-1 Suspected Fraudulent Claim Referral

- The next page is reference information only. Do not include with submitted referral. Use it to assist in correctly coding Pages 19-21, but **do not include page 18** when reporting to CDI.
- The final three pages contain a camera-ready version of the Form FD-1 suitable for offset printing or photocopying. This is used to report suspected fraudulent claims. **Please submit single sided copies only.**

Suspected Fraud Type Code**Auto Collision**

Swoop & Squat	10
Sudden Stop	11
Backing	12
Pedestrian vs. Auto	13
Right of Way	14
Phantom Vehicle	15
Hit & Run	16
Paper Collision	17
Organized Ring	18
Medical Provider	19

Auto Property

Faked Damages	20
Inflated Damages	21
Vehicle Theft	22
Vehicle Arson	23
Auto Property / Vandalism	24
Agent / Broker	25
Embezzlement	26
Trailered Watercraft / Theft Damage	27
Trailered Watercraft Arson	28
Other Auto Property	29

Medical / Health

Slip & Fall	30
Inflated Billing	32
Disability	33
Food Contamination	34
Pharmacy	35
Dental	36
Embezzlement	37
Other Medical / Health	31

Life

Questionable Death	40
Suspicious/False Policy Application	42
Other Life	41

Workers' Compensation

Claimant Fraud	50
Employer Defrauding Employee	51
Legal Provider	52
Medical Provider	53

Continued in next column

Workers' Compensation (con't)

Pharmacy	54
Premium Fraud	56
Embezzlement	57
Uninsured Employer	58
Other Workers' Comp	55

Miscellaneous

Casualty	60
Agricultural / Livestock	61

Fire

Commercial Fire	70
Arson for Hire	71
Residential Fire	72
Inflated Fire Loss	73

Property

Theft – Residential	80
Theft – Commercial	81
Theft – Commercial Carrier	82
Watercraft / Aircraft Theft	83
Watercraft / Aircraft Arson	84
Vandalism	86
Property Theft From Vehicle	87
Agent / Broker	88
Other Property Damage	85
Mold Related	89

Reporting Party Code

Carrier / Licensed Insurer	01
Private Sector Self-Insured	02
Public Sector Self-Insured	03
Third Party Administrator	04
State Fund (SCIF)	05
District Attorney's Office	06
Law Enforcement Agency	07
Incoming CDI Hotline Call (CDI Use Only)	08
Other CDI Information Source (CDI Use Only)	09
Other Reporting Party	10

Party To The Loss / Injury Code**General**

Insured	00
Claimant	01
Witness	02
Interpreter	13
Employer	15
Claims Adjuster	16
Agent / Broker	20
Other	09

Medical

Medical Clinic	03
Medical Doctor	05
Chiropractor	06
Psychologist	11
Physical Therapist	12
Osteopath	17
Physician's Assistant	18
Nurse Practitioner	19
Clinic Administrator	22
Dentist	23
Medical Management Company	24
Vocational Rehab Counselor	25
Pharmacy / Pharmacist	26
Laboratory	27
Other Medical	28

Legal

Attorney	07
Law Firm	10
Legal Administrator	14
Paralegal	29

Auto

Suspect Driver	30
Victim Driver	31
Suspect Passenger	32
Suspect Pedestrian	33
Body Shop	08
Repair Shop / Mechanic	34
Capper	21

QUESTIONS? Call the Fraud Division Regional Office in your county----

Alpine, Amador, Butte, Calaveras Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba	Sacramento	(916) 854-5700
Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma	Benicia	(707) 751-2000
Monterey, San Benito, Santa Clara, Santa Cruz	San Jose	(408) 779-7200
Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Tulare	Fresno	(559) 445-5026
Southern Los Angeles and the City of Los Angeles Metropolitan Area	Commerce	(323) 278-5000
Northern Los Angeles including the San Fernando Valley, Santa Barbara, Ventura	Valencia	(661) 253-7400
Orange	Orange	(714) 456-1810
Riverside, San Bernardino	Rancho Cucamonga	(909) 919-2200
Imperial, San Diego	San Diego	(619) 645-2550